

MDR M5-04-3781-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/02/04.

I. DISPUTE

Whether there should be reimbursement for CPT code 99358 for date of service 9/02/03. Neither the Requestor nor the Respondent submitted EOBs. This date of service will be reviewed according the Medical Fee Guideline effective 8/01/03. Whether there should be reimbursement for CPT code 97110 for date of service 10/01/03 and denied by the carrier as "F – Fee guideline MAR reduction and R88 – CCI: mutually exclusive procedures."

II. RATIONALE

Per Rule 133.307(g)(3), on 7/28/04 a Notice was faxed to the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

On 8/30/04, the Division submitted an Order for Payment of the IRO fee. The Requestor failed to make payment of the as required by Commission Rule 133.308(r)(1)(B) and subsequently, the medical necessity issues were dismissed.

Date of Service 9/02/03 CPT Code 99358

Neither the Requestor nor the Carrier submitted EOBs. The Carrier failed to provide the missing EOB in accordance with Rule 133.307 (e)(3)(B). Pursuant to Rule 133.307 (e)(2)(B), "...if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB". The Requestor failed to submit convincing evidence the carrier received their request for an EOB. On this basis, reimbursement is not recommended.

Date of Service 10/01/03 CPT Code 97110

EncoderPro considers CPT code 97110 to be a mutually exclusive procedure to CPT code 97150.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order

payment because SOAP notes were not submitted which clearly delineates exclusive one-on-one treatment nor did the requestor submit any other documentation, which identifies the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 99358 and 97110.

The above Decision is hereby issued this 27th day of October 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PRD/prd